



**SOUTH DAKOTA BOARD OF NURSING**  
 SOUTH DAKOTA DEPARTMENT OF HEALTH  
 722 Main Street, Suite 3 □ Spearfish, SD 57783  
 (605) 642-1388 □ FAX: (605) 642-1389 □ www.state.sd.us/doh/nursing

**Nurse Aide  
 Application for *Initial* Training Program**

All Nurse Aide Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application.

Send completed application and supporting documentation to:

South Dakota Board of Nursing  
 722 Main Street, Suite 3  
 Spearfish, SD 57783

Name of Institution: Hudson Care and Rehab Center  
 Address: 720 Parkway  
Hudson, SD 57034  
 Phone Number: 605-984-2244 Fax Number: 605-984-2714  
 E-mail Address of Faculty: dduncan@hudsoncarerehab.com

- Program Coordinator** must be a registered nurse with two years of nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)  
☐ Attach curriculum vita, resume, or work history

Name of Program Coordinator	RN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Marilyn Hogendorn	IA	089381	12-15-16	<i>[Signature]</i>

- Primary Instructor** must be a licensed nurse (RN or LPN) with two years of nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)  
☐ Attach curriculum vita, resume, or work history  
☐ Documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

Name of Primary Instructor	RN OR LPN LICENSE			
	State	Number	Expiration Date	Verification (Completed by SDBON)
Datasha Schurch	SD	A010786	5-17-14	

- Supplemental Personnel** may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12)  
☐ Attach curriculum vita, resume, or work history

Supplemental Personnel & Credentials	LICENSURE/REGISTRATION			
	State	Number	Expiration Date	Verification (Completed by SDBON)

*Rec'd 1/7/14*



**SOUTH DAKOTA BOARD OF NURSING**  
SOUTH DAKOTA DEPARTMENT OF HEALTH  
722 Main Street, Suite 3 □ Spearfish, SD 57783  
(605) 642-1388 □ FAX: (605) 642-1389 □ www.state.sd.us/doh/nursing

**Physical Facility Requirements:** Ensure that classrooms, conference rooms, laboratories, and equipment are clean and safe and accommodate the number of students enrolled. (ARSD 44:04:18:14)

**Course Requirements**

Name of Course (if applicable): We Care Online

A variety of teaching methods may be utilized in achieving the classroom instruction such as independent study, video instruction, and online instruction.

☐ Submit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).

Submit documentation that supports requirements listed in ARSD 44:04:18:15, including:

- ☐ Behaviorally stated objectives with measurable performance criteria for each unit of curriculum
- ☐ Curriculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:
  - ☐ A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include:
    - ☐ Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
  - ☐ A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
  - ☐ Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail):
    - ☐ Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients;
    - ☐ Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;
    - ☐ Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
    - ☐ Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;
    - ☐ Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;
    - ☐ Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.

**Supervision of Students:** Pursuant to ARSD 44:04:18:13, students in a nurse aide training program may not perform any services unless they have been trained and found to be proficient by the primary instructor. Students in a training program may perform services only under the supervision of a licensed nurse (RN and/or LPN).

**Program Coordinator Signature:** Maile Hoogstraen RN **Date:** 12-28-13

**This section to be completed by the South Dakota Board of Nursing**

Date Application Received: <u>1/7/14</u>	Date Application Denied:
Date Approved: <u>1/10/14</u>	Reason for Denial:
Expiration Date of Approval: <u>Jan 2016</u>	
Board Representative: <u>[Signature]</u>	
Date Notice Sent to Institution: <u>1/10/14</u>	

October 20, 2011